

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-67)**

SERIAL NO.  
**594955**  
APPLICANT(S)

FILING DATE  
**6-15-00**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.	6					
TOTAL DEF.	49					

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TOTAL NO.	6					
TOTAL DEF.	49					

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